



2000 Data Book

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INTRODUCTION

For more than fifty years, the City of Detroit Health Department (DHD) has provided its annual *Data Book*. The *Data Book*, which contains Population, Vital Events, Demography, Natality, Morbidity, and Mortality sections, provides a statistical overview of the health of Detroit residents. DHD is pleased to present our latest edition, the *Data Book* for the year 2000.

Recent data-related updates are evidenced in the 2000 *Data Book*. Cause of death categories were revised to be consistent with the new coding system of the *International Classification of Diseases, Tenth Revision* (ICD-10), which changed from the ICD-9 classifications in 1999. On the recommendation of the National Center for Health Statistics, a new standard population, based on the U.S. Census 2000 projections, was used to calculate age-adjusted death rates. In recognition of our growing Hispanic population, in 1999 the racial/ethnic groups were revised from "Black" and "White" to "Black Non-Hispanic", "White Non-Hispanic" and "Hispanic" in 1999. Finally, all rates are based on year 2000 U.S. Census counts for the City of Detroit.

Other DHD resources are available which complement the statistical overview provided in the *Data Book*. The [Community Health Profile](#) provides narrative discussion of data and related issues for areas that the Department has identified as priority. The [Community Health Improvement Plan](#) describes actions taken by DHD to address priority areas. These documents can be found in the Detroit Health Department Library or on line at <http://health.ci.detroit.mi.us>. We hope you will find the 2000 *Data Book* to be a helpful and accurate presentation of the City's health conditions.

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How to Use the 2000 Data Book

This book is intended to be a community resource for Detroit health data. The health topics discussed here include ones that are addressed by the health department and issues that have been identified as critical to the health of residents. Please see the Glossary for definitions of selected public health terms.

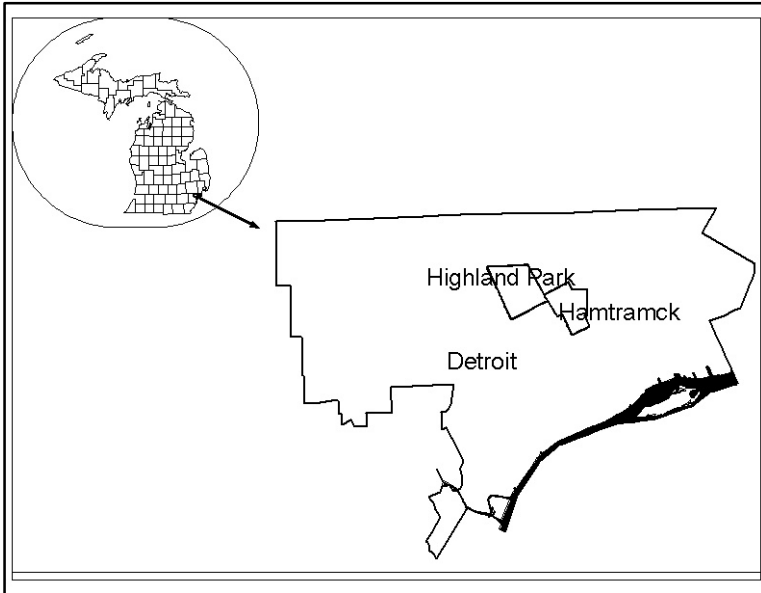
Users of the Data Book should be mindful of these caveats:

1. Michigan and United States numbers, as presented, also include Detroit residents.
2. Users should be attentive to the ranges, and distinctions between numbers, percentages, and rates when interpreting charts.
3. Though rates allow us to compare health indicators across communities, all rates are subject to variation based upon factors such as the number of events and the population about whom the rate has been calculated. The meaning of rates based upon small numbers should be interpreted with caution. Other data may be needed to support the interpretation drawn from such rates.
4. Data for diseases are based upon reported cases. Due to under-reporting or reporting delays, reported numbers and calculated rates may not reflect the best sense of how the community is affected by a given disease. These numbers may change over time as the reported cases are updated. Rates and numbers across data sources may also differ depending upon the criteria used for case inclusion.
5. In order to compare health indicators from the Detroit to the state and national levels, racial categories in this document are consistent with those used by the United States Census Bureau. Some groups in the Detroit population, such as Hispanic Americans, have traditionally been categorized as "White" for purposes of data collection. Ethnicity is beginning to be recorded and emphasized more accurately for health data use.

Those of "Hispanic" ethnicity are now represented in a category. Individuals who identify with Hispanic ethnicity may be of any race (i.e. Black, White). The Detroit Health Department is sensitive to community preferences regarding racial and ethnic categories. As more reliable data are reported concerning all Detroit residents, we will strive to report that data in ways that are meaningful for the whole population.

If you have question or comments please visit our web site at <http://www.health.ci.detroit.mi.us> or direct them to the Biostatistics Unit of Office of Health Policy, Planning and Grants Management at (313) 876-4348.

Detroit History



Detroit is located along the northern banks of the Detroit River just south of Lake St. Clair in southeastern Michigan. The Detroit River also separates the city of Detroit from the city of Windsor, Ontario and serves as an international boundary between the United States and Canada. Detroit has always been the largest city in Michigan and is now (2000) the tenth largest city in the United States.

When founded in 1701 by Antoine de la Mothe Cadillac, Detroit served as a fur collection site and strategic stronghold for the French. The French quickly allied with the three major Algonquian Nations in Michigan—the Ojibwa (Chippewa), Ottawa, and Potawatomi—for purposes of trade and protection. In spite of the many peaceful efforts by both the French and Native Americans many disputes arose, primarily over the trading of furs. As a result the village of Detroit was destroyed and rebuilt several times during its early existence.

In 1760 the British captured Detroit and much of the Northwest Territory, from the French, and Detroit remained under England's control until after the Revolutionary War of 1776. A fire destroyed much of the City in 1805 and it was rebuilt under the direction of Judge Woodward; who reallocated plots of land for wider streets and more circular parks (These modifications still grace the City's topography, today). Detroit was once again lost to the British during the war of 1812 and later returned to the United States after the Treaty of Ghent in 1814.

The City remained relatively small, until the introduction of steam travel on the Great Lakes and the opening of the Eerie Canal in New York (1820s). These two events made it possible for more immigrants to enter Detroit and more exports to leave the city. During this era, Detroit became famous for its lumber, manufacturing, and railroad concerns and eventually became known as a "World Class City". In 1836 a major Indian treaty calling for the removal of Native Americans was signed and European ethnics gradually replaced Detroit's indigenous population. This contingency, along with steady immigration, grew until it reached its zenith in 1950 of 1,849,568 persons. The census 2000 population of Detroit was 951,270.

Summary of Detroit Health Department History

The Detroit Board of Health was created following an act of the Common Council for the City of Detroit in 1895. It later became the Department of Health in 1918. Article 27 of the amended Detroit City Charter outlines the duties of the Health Department. It states that the City of Detroit is “to provide for the preservation of the general health of the inhabitants of said city; to make regulations to secure the same; to prevent the introduction or spreading of contagious or infectious diseases; to prevent and suppress diseases generally, and, if deemed necessary, to establish a Board of Health and prescribe and regulate its powers and duties.”

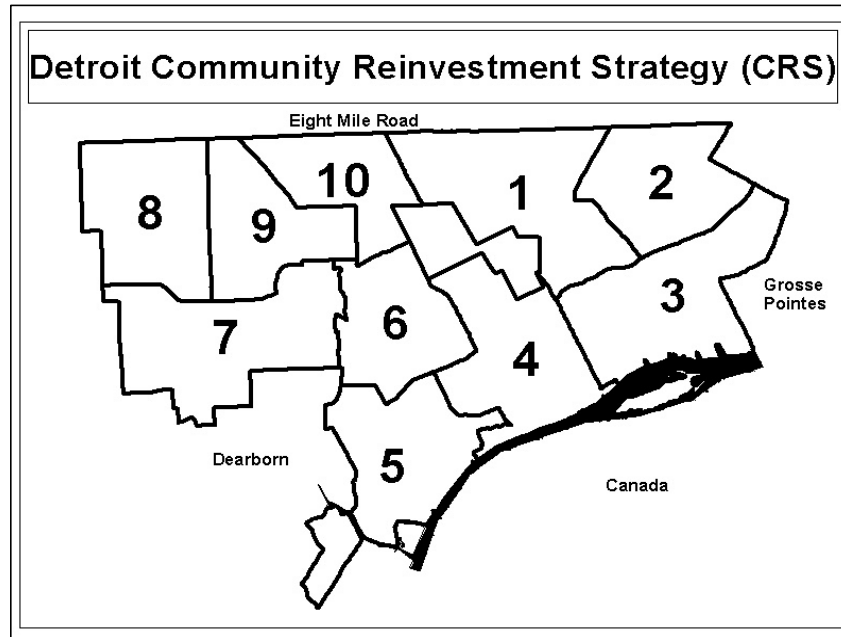
The mission of the Detroit Health Department (DHD) is to promote the health, safety and quality of life of residents, visitors and those doing business in the City of Detroit. As the designated public health agency for the city of Detroit, DHD’s responsibilities include identifying health risks, educating the public, and preventing and controlling disease, injury, and exposure to environmental hazards. The DHD is a Michigan Department of Community Health (MDCH)-accredited local public health agency.

The DHD, which currently has a staff of 667 employees, operates and maintains several facilities throughout Detroit. The Herman Kiefer Health Complex, which functions as the main campus located at 1151 Taylor, is a 20-acre facility composed of a main building and six outer buildings with a total of 110,000 square feet. The complex houses all departmental administrative offices, the Herman Kiefer Primary Care Center, and the following Detroit Health Department divisions:

- > Communicable Disease Prevention and Control, which includes Disease Control/Epidemiology, the HIV/AIDS Programs, The Immunization Program, Laboratory Services, STD Clinic and Surveillance services, and the TB Control Program;
- > Environmental Health Services, which includes Animal Control, Community and Industrial Hygiene, and Food Sanitation;
- > Bureau of Substance Abuse, which includes Central Intake and Diagnostic Services, Substance Abuse Prevention and Treatment Planning, the Partnership for a Drug Free America, and the Tri-cities Tobacco Coalition; and
- > Community Health Services, which includes Adult and Pediatric Dental Services, Childhood Lead Poisoning Control, Medical Social Work, Nutrition and Health Promotion; Pharmacy Services, the Family Primary Care Network, the Village Health Workers and the School-based Health Program.

To ensure access for the under-served population, three additional DHD primary health care centers are located in communities within the city. Community Health and Social Services (CHASS) is located in Southwest Detroit, Grace Ross is located on Detroit’s northwest side, and Northeast Health Center is on the eastern boundary of the city. Finally, the Animal Control Center, located in Downtown Detroit, houses animals, sells dog licenses and investigates animal bites and other related complaints.

Introduction to the Community Reinvestment Strategy Areas



In 1994, the Detroit Land Use Task Force was established to make recommendations on how the City could effectively use its resources and properties. Their recommendations included the suggestion that a community based strategic planning processes take place at regional levels. For this purpose the City was divided into 10 areas-commonly referred to as the Community Reinvestment Strategy (CRS) areas. Ten governing boards with representatives from the community were established with three objectives:

1. Identify opportunities that offer the most potential for improving the neighborhood and community;
2. Identify existing barriers to these opportunities;
3. Develop a common community planning database to attract investments, support project planning, and enhance community decision-making (CRS overview, 1997).

In 1997, their results were published in an executive summary and since that time the Detroit Health Department has provided profiles of the 10 CRS areas in its data book.